

County: Dodge  
HOPE HEALTH AND REHABILITATION CENTER  
438 ASHFORD AVENUE, P. O. BOX 280

LOMIRA 53048 Phone: (920) 269-4386

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 42

Total Licensed Bed Capacity (12/31/01): 42

Number of Residents on 12/31/01: 37

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 40

Corporation

Skilled

Page 1

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		45.9
Supp. Home Care-Personal Care	No					1 - 4 Years		35.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years		18.9
Day Services	No	Mental Illness (Org./Psy)	43.2	65 - 74	2.7			-----
Respite Care	No	Mental Illness (Other)	5.4	75 - 84	40.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.1	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.2	65 & Over	94.6	-----		
Transportation	No	Cerebrovascular	16.2		-----	RNs		8.5
Referral Service	No	Diabetes	5.4	Sex	%	LPNs		9.4
Other Services	Yes	Respiratory	2.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.1	Male	21.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	78.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	270	15	93.8	106	0	0.0	0	17	89.5	129	0	0.0	0	0	0.0	0	34	91.9
Intermediate	---	---	---	1	6.3	88	0	0.0	0	2	10.5	119	0	0.0	0	0	0.0	0	3	8.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		16	100.0		0	0.0		19	100.0		0	0.0		0	0.0		37	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	59.5	40.5	37
Other Nursing Homes	9.5	Dressing	8.1	54.1	37.8	37
Acute Care Hospitals	73.8	Transferring	18.9	40.5	40.5	37
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.9	45.9	35.1	37
Rehabilitation Hospitals	0.0	Eating	56.8	8.1	35.1	37
Other Locations	11.9	*****				
Total Number of Admissions	42	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		13.5
Private Home/No Home Health	8.9	Occ/Freq. Incontinent of Bladder	48.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	20.0	Occ/Freq. Incontinent of Bowel	48.6	Receiving Suctioning		0.0
Other Nursing Homes	4.4			Receiving Ostomy Care		2.7
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		8.1
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	66.7	With Pressure Sores	8.1	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	45			Receiving Psychoactive Drugs		51.4

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group Ratio	Bed Size: Under 50 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	82.5 1.15	94.9 1.00	85.8 1.11	84.6	1.13
Current Residents from In-County	56.8	74.3 0.76	69.9 0.81	69.4 0.82	77.0	0.74
Admissions from In-County, Still Residing	21.4	19.8 1.08	27.6 0.78	23.1 0.93	20.8	1.03
Admissions/Average Daily Census	105.0	148.2 0.71	84.7 1.24	105.6 0.99	128.9	0.81
Discharges/Average Daily Census	112.5	146.6 0.77	88.0 1.28	105.9 1.06	130.0	0.87
Discharges To Private Residence/Average Daily Census	32.5	58.2 0.56	16.0 2.03	38.5 0.84	52.8	0.62
Residents Receiving Skilled Care	91.9	92.6 0.99	73.4 1.25	89.9 1.02	85.3	1.08
Residents Aged 65 and Older	94.6	95.1 1.00	91.6 1.03	93.3 1.01	87.5	1.08
Title 19 (Medicaid) Funded Residents	43.2	66.0 0.65	50.3 0.86	69.9 0.62	68.7	0.63
Private Pay Funded Residents	51.4	22.2 2.32	46.9 1.10	22.2 2.31	22.0	2.33
Developmentally Disabled Residents	0.0	0.8 0.00	0.7 0.00	0.8 0.00	7.6	0.00
Mentally Ill Residents	48.6	31.4 1.55	52.4 0.93	38.5 1.26	33.8	1.44
General Medical Service Residents	8.1	23.8 0.34	9.8 0.83	21.2 0.38	19.4	0.42
Impaired ADL (Mean)	59.5	46.9 1.27	51.2 1.16	46.4 1.28	49.3	1.21
Psychological Problems	51.4	47.2 1.09	55.2 0.93	52.6 0.98	51.9	0.99
Nursing Care Required (Mean)	4.1	6.7 0.61	6.0 0.67	7.4 0.54	7.3	0.55